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94/B

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/699,398
Filing Date	October 31, 2000
First Named Inventor	LYNN
Title	LUER RECEIVING MEDICAL VALVE AND FLUID TRANSFER METHOD
Atty Docket Number	1131-62
Group Art Unit	3763
Examiner	Rodriguez

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

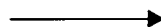
I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Applicant has assumed responsibility for this case henceforth.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number



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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Lawrence A. Lynn, D.O.			
Address		1275 Olentangy River Road			
Address					
City	Columbus	State	Ohio	Zip	43212
Country	United States				
Telephone	(614) 937-6626			Fax	

☒ This request is made on behalf of myself and

- ☒ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

This request is enclosed in **triplicate** (including any attachments).

Name **Michelle N. Lester, Reg. No. 32,331**

Signature

Date **November 19, 2004**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to completed, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.